

STATE OF MONTANA

DEPARTMENT OF LIVESTOCK

Animal Health Division
PO Box 202001
Helena, MT 59620-2001
www.liv.mt.gov
Ph (406) 444-2043 FAX (406) 444-1929



ANNUAL BULL SEMEN IMPORT BLANKET PERMIT

I hereby apply for an annual bull semen import blanket permit to ship bull semen into/within Montana. I understand this permit expires on December 31st of the calendar year in which it was issued.

CERTIFICATION

I HEREBY CERTIFY THAT ALL THE ANIMALS, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS. ALL TESTS ARE DONE BY A LICENSED, ACCREDITED VETERINARIAN. A COPY OF THIS PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.220.

I FURTHER CERTIFY THAT THIS STUD IS PARTICIPATING IN THE FOLLOWING CERTIFICATION PLAN:

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Signature of Licensed Veterinarian		Date
<hr/>	<hr/>	<hr/>
Printed Name of Licensed Veterinarian	Vet License No.	Phone Number

BULL STUD INFORMATION

Please type or print legibly

<hr/>	<hr/>
Name of Stud	Signature of Owner or Agent
<hr/>	<hr/>
Other Identification (Tags, etc.)	Printed name of Owner or Agent
<hr/>	<hr/>
Mailing Address	Phone Number
<hr/>	<hr/>
City, State, & Zip / Province & Postal Code	Date

FOR OFFICE USE ONLY

Date Permit Issued: _____ PERMIT NUMBER: _____ Expiration Date: _____